

CITY OF RICHFIELD

6700 Portland Avenue South
Richfield, Minnesota 55423
612-861-9882

APPLICATION FOR A CERTIFICATE OF HOUSING MAINTENANCE COMPLIANCE

FEE: \$150.00 – Single Family (Please include fee with application)

\$230.00 – 2 Family Home

\$100.00 – Condominium

Fee includes 1 initial inspection and 1 re-inspection.

(fees are \$50.00 per occurrence; this fee must be paid prior to re-inspection)

DWELLING ADDRESS _____

Owner's Name _____

Home Address _____

Home Phone _____

Day Phone _____

EMAIL ADDRESS _____

Owner may designate an agent who may act on the owner's behalf. If applicable, enter agent here:

Agent's Name _____

Agent's Address _____

Home Phone _____

Day Phone _____

Delinquent water and other utility bills are not researched under the provisions of the Housing Maintenance inspection and are up to the property owner to verify. The housing inspector is not required to ignite the heating plant, use a ladder to observe the condition of the roofing, evaluate inaccessible or concealed areas or disassemble items. This checklist does not address formaldehyde, lead paint certification of abatement, any airborne gas (radon), asbestos, nor insect and animal pests. This inspection is not an FHA or VA inspection or appraisal, nor should it be considered a private inspection. The Certificate of Housing Maintenance Compliance is valid for one year from the date of the initial inspection on the property, unless alterations and remodeling have occurred and only for the owner named on the certificate.

SWORN STATEMENT

I UNDERSTAND THAT THIS INSPECTION HAS BEEN MADE BY THE CITY AS A PUBLIC SERVICE FOR THE BENEFIT OF THE COMMUNITY AND DOES NOT CONSTITUTE A GUARANTEE OR WARRANTY TO ANY PERSON AS TO THE CONDITIONS OF BUILDINGS INSPECTED. FURTHERMORE, I UNDERSTAND THAT THE CITY OF RICHFIELD DOES NOT INTEND ANY RELIANCE TO BE MADE ON THIS INSPECTION AND DOES NOT ASSUME ANY RESPONSIBILITY OR LIABILITY IN THE INSPECTION AND CERTIFICATION OF COMPLIANCE.

Signature _____

(Property owner or designated agent)

_____ Date

For Office Use Only

Date Rec'd _____

Payment _____

Clerk _____

Date of Inspection _____